

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX
QUARTERLY PAYMENT FORMS

2003 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State..... 1 _____
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number of boxes checked _____ x \$2400 =2(a) _____
- 2(b) ☐ 65 (or over) or disabled ☐ Blind ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind Total number of boxes checked _____ x \$1200 =2(b) _____
- 2 (c) Total exemptions [Line 2(a) plus 2(b)]..... 2(c) _____
- 3 New Hampshire Taxable Income [Line 1 minus Line 2(c)]..... 3 _____
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%)..... 4 _____
- 5 2002 OVERPAYMENT applied to 2003 taxes..... 5 _____
(If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 minus Line 5).....6 _____

If Line 4 is less than \$200 see instructions paragraph No. 1.

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of Line 4 of worksheet)	2002 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 15, 2003
2.	\$	\$	\$	June 16, 2003
3.	\$	\$	\$	Sept. 15, 2003
4.	\$	\$	\$	Jan. 15, 2004

IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2003

For CALENDAR YEAR **2003** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day Year

CHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 1 Calendar Year Due April 15, 2003 FOR DRA USE ONLY	PLEASE PRINT OR TYPE			
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER	
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER	
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)	
	NUMBER & STREET ADDRESS			
	ADDRESS (Continued)			
	CITY/TOWN, STATE & ZIP CODE			
	<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
	MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035		Amount of This Payment \$ _____ Make check payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.	

FORM
DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2003042
For CALENDAR YEAR **2003** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 2 Calendar Year Due June 16, 2003 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035			

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Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your
payment with this estimate. Do not file a \$0
estimate.DP-10-ES
Rev. 10/02FORM
DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2003042
For CALENDAR YEAR **2003** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 3 Calendar Year Due Sept. 15, 2003 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035			

(Cut along this line)

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DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2003042
For CALENDAR YEAR **2003** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 4 Calendar Year Due Jan. 15, 2004 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2035 CONCORD NH 03302-2035			

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Enclose, but do not staple or tape, your
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